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**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

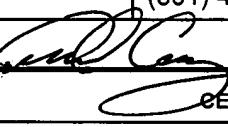
		Application Number	10/601,828
		Filing Date	June 23, 2003
		First Named Inventor	Guo Rui Deng
		Group Art Unit	3724
		Examiner Name	Clark F. Dexter
Total Number of Pages in This Submission (including this sheet)		Attorney Docket No.	2451.PCRA.PT

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$_____ <input checked="" type="checkbox"/> Credit card authorization in the amount of \$ <u>1200</u> <input type="checkbox"/> Declaration & Power of Attorney <input checked="" type="checkbox"/> Drawings <u>2</u> sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input checked="" type="checkbox"/> Extension of Time Request <u>3rd</u> month <input checked="" type="checkbox"/> Fee Calculation Table <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form 1449 <input checked="" type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal <u>  </u> year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
Remarks		

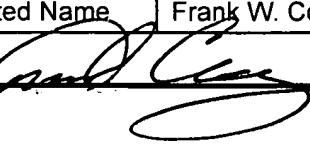
**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Attorney for Applicant	Frank W. Compagni, Registration No. 40,567 MORRISS O'BRYANT COMPAGNI, P.C. 136 South Main Street, Suite 700 Salt Lake City, Utah 84101 (801) 478-0071 telephone; (801) 478-0076 facsimile		
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Signature  Date 6-14-05

**CERTIFICATE OF MAILING UNDER 37 CFR § 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or Printed Name	Frank W. Compagni		
Signature 	Date	<u>6-14-05</u>	



		Complete if Known	
		Application Number	10/601,828
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		Art Unit	3724
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## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0881 Deposit Account Name: Moriss O'Bryant Compagni, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3, or for Reissues, each independent claim more than in the original patent	200	100
Multiple Dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-20 or HP=	x _____	= _____	Fee (\$)	Small Entity

HP= highest number of totals claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP	x _____	= _____	Fee (\$)

HP= highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

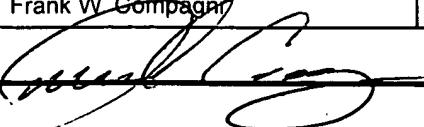
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35. U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100=	/50=	(round up to a whole number) x _____	= _____	Fees Paid (\$)

## 4. OTHER FEE(S)

Other: Information Disclosure Statement \$180  
 Other: Petition for Extension of Time \$1020

## SUBMITTED BY

Name (Print/Type)	Frank W. Compagni	Registration No.	40,567	Telephone	(801) 478-0071
Signature				Date	6-14-05